0	PI	

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 36 Phillips 0648 Dodson H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate C 1148 No NORTON, ALICE 2.15 C 1600 No KOLCZAK, FRANCIS & DARLENE 5.00

0	PI	

## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 36 Phillips 0653 Landusky Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 7 1142 No MITCHELL, MICHELLE L 5.00 7 PANKRATZ, LEANN 1143 No 2.55 7 1144 No NORTON, ALICE L 2.55 7 1145 MITCHELL, RUTH 5.00 No

0	PI
	_

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 36 Phillips **0657 Saco H S High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 12B 1776 No BARNARD, MARY ANN 3.45 BARNARD, JODI 12B 1777 No 3.45

0	PI	

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 36 Phillips 0659 Malta K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 14A 1146 No SIMS, TERRI 0.25 14A 1147 No FRENCH, CONNI & CRAIG 21.25 14A 1152 No EREAUX, MICHAEL F 9.25 14A DARRAH, LONA 1153 Yes 0.25 2231 BLAKE, DENISE 14A No 0.50 14A 2356 No Doucette, Eleanor 1.75